

State of California—Health and Human Services Agency

Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

February 27, 2004

To: Chief Executive Officer

Risk Manager
Chief of Pediatrics
Chief of Neonatology
Chief of Obstetrics
Chief Nursing Officer
Perinatal Manager
NICU Manager
Laboratory Manager

Health Information/Medical Records Manager

Re: Liability Issues in Newborn Screening

Hospitals incur significant liability if they fail to assure that all newborns born in or transferred to their facilities are screened in accordance with California law. Recently a jury awarded a child with Phenylketonuria (PKU) over \$70 million in damages after finding a hospital and medical clinic negligent for failing to diagnose his disease in the newborn period. The hospital collected the child's newborn screening specimen too early, causing the disorder to go undetected. This letter is to restate the importance of following state newborn screening policies and regulations in order to ensure testing, maximize the reliability of the testing, and minimize the hospital's liability. The following procedures are particularly important in the prevention of missed cases or delayed diagnoses of newborns with a disorder included in the screening program.

Time of Collection: At discharge, no sooner than 12 hours of age (unless a transfusion is required), or on the 6th day of age.

Based on the large amount of data collected by the Department and from publications in the medical literature, the newborn blood specimen should be collected as close to discharge as possible or for newborns requiring an extended stay on the 6th day of age (Title 17, California Code of Regulations, Subchapter 9, Sec. 6505). This means that collections should be scheduled within two hours of discharge. This is especially important if the newborn is discharged before 24 hours of age. Early collection defined as before 12 hours of age runs an unacceptably high risk of missing PKU. If the



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specimen is collected before 12 hours of age, a second specimen must be collected on or before the 6th day of age.

Collection Prior to Red Blood Cell Transfusion

Premature or sick infants frequently receive packed red cell transfusions. The screening specimen should be collected before transfusion, so the presence of galactosemia and hemoglobin disorders can be determined in the absence of confusion produced by foreign adult red cells (Title 17, CCR, Subchapter 9, Sec. 6505). A second specimen should then be collected at least 24 hours post-transfusion to obtain valid results for Phenylketonuria (PKU) and primary congenital hypothyroidism.

IV Feedings

Intravenous feeding (i.e., hyper alimentation) can also confuse the results of metabolic testing, so testing after intravenous feeding has stopped, if possible, is recommended. However, a specimen should be collected no later than six days of age, regardless of method of feeding (Title 17, CCR, Subchapter 9, Section 6505).

Medical Record Review for Newborn Screening Results

To ensure testing of newborns, state law mandates that hospitals review all newborns' charts for receipt of newborn screening results (Title 17,CCR, Subchapter 9, Sec. 6506). This should be done 14 days after the newborn has been released from the hospital. For newborns with extended hospital stays this review should occur within 21 days of age. This will help prevent additional delays in diagnosis in situations in which newborns inadvertently did not have a specimen collected as well as when specimens are misplaced or lost in transit between the collection site and the screening laboratory.

Accurately Listing Newborn's Pediatric Care Provider on NBS Test Request Form

To expedite the follow-up process and to ensure results are sent to the newborn's physician who will be providing ongoing care, it is critical that hospitals identify and accurately note the newborn's primary care provider/medical home on the NBS test request form (Title 17, CCR, Subchapter 9, Sec. 6504)

Newborn Screening is not Diagnostic: Any signs or symptoms should be investigated

Newborns' physicians need to be reminded that a negative screening result does not eliminate the possibility of the newborn being affected by a disorder in the screen. This is especially true when the results are borderline, i.e., close to positive values. Any

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symptoms or signs suggesting a disorder should be immediately investigated by appropriate evaluation and diagnostic testing.

Adherence to the above regulations and guidelines will provide safeguards necessary to assure that all newborns are screened appropriately. The Newborn Screening Program provides information, training, and consultation/technical assistance to hospitals, and other screening providers. Please contact your Newborn Screening Area Service Center (listed below) if you have any questions and/or need assistance.

Sincerely,

original signed by

George Cunningham, M.D, M.P.H., Chief Genetic Disease Branch

Newborn Screening Area Service Centers (NBS-ASCs)

Stanford University Medical Center (650-812-0353)

Counties

Alameda Mendocino Santa Clara Contra Costa Monterey Santa Cruz Del Norte Napa Solano Humboldt San Benito Sonoma Lake San Francisco Stanislaus San Mateo Marin

Children's Hospital Central California (559-353-6416)

Counties

Alpine Lassen Shasta Amador Madera Sierra Butte Siskiyou Mariposa Calaveras Merced Sutter Colusa Modoc Tehama El Dorado Trinity Mono Fresno Nevada Tulare Tuolumne Glenn Placer Yolo Invo Plumas Kern Yuba Sacramento King San Joaquin

Continued

Newborn Screening Area Service Centers (NBS-ASCs)

UCLA Medical Center (310) 826-4458 Counties

San Luis Obispo

Santa Barbara Ventura

Los Angeles

Antelope Valley Hospital
Cedars-Sinai Medical Center
Citrus Valley-Queen of the Valley
Foothill Presbyterian Hospital
Glendale Advent Medical Center
Glendale Memorial Hospital & Health Ctr

Granada Hills Community Hospital Henry Mayo Newhall Memorial Hospital

Holy Cross Medical Center Huntington East Valley Hospital Huntington Memorial Hospital Medical Center of Tarzana

Methodist Hospital of Southern Calif. Northridge Hospital Medical Center Northridge Hosp Med Ctr-Sherman Way

Olive View Medical Center Pacifica Hospital of the Valley

Pomona Valley Hospital Medical Center Queen of Angeles-Hollywood Presbyterian

Saint John's Health Center Saint Joseph Medical Center San Dimas Community Hospital San Gabriel Valley Medical Center Santa Monica – UCLA Medical Center

Santa Teresita Hospital UCLA Medical Center Valley Presbyterian Hospital Verdugo Hills Hospital

West Hills Hospital & Medical Center

UCSD Medical Center (858) 300-1081 Counties

Imperial Riverside Orange San Diego

Harbor/UCLA Medical Center (310) 222-3751

Counties

San Bernardino

Los Angeles

Bellflower Medical Center Bellwood General Hospital

Beverly Hospital

California Hospital Medical Center Centinela Hospital Medical Center Children's Hospital Los Angeles Daniel Freeman Memorial Hospital Downey Regional Medical Center East Los Angeles Community Hospital

Elastar Community Hospital Garfield Medical Center Good Samaritan Hospital Greater El Monte Hospital

LAC Harbor-UCLA Medical Center

LAC/USC Medical Center

Lakewood Regional Medical Center Little Company of Mary Hospital Long Beach Memorial Medical Center Los Angeles Community Hospital

Los Angeles Metropolitan Medical Center

Memorial Hospital of Gardena

Mission Hospital

Martin Luther King, Jr. Medical Center

Monterey Park Hospital

Pacific Hospital

Pacific Alliance Medical Center Presbyterian Intercommunity Hospital

San Pedro Peninsula Hospital

St Francis Hospital
St Mary Medical Center
Suburban Medical Center
Torrance Memorial Hospital
White Memorial Medical Center
Whittier Hospital Medical Center

Kaiser Permanente Northern CA (510) 752-6192

Kaiser Permanente Southern CA (626) 564-3322